Royal Berkshire NHS
NHS Foundation Trust

Notes from the Pathology User Group Meeting

Date of meeting: 23rd April 2015 @ 13:30hrs.	
Held at: Pathology Meeting Room 1, Royal Berkshire NHS Foundation Trust (RBFT)	
Present: Michelle Jennings, Manager, Brookside; Dave Asplin (DA), Quality Manager, RBFT; Ann Halford (AH), Central Services Manager; RBFT; Angela Slattery, Eastfield Surgery; Nicola Brock, GP, Parkside Family Practice; Mark Sleeman, Clinical Scientist, Biochemistry, RBFT; Linda Weal, Wargrave; Jo Spicer, Pathology Liaison, Wallingford Medical Practice; .	
Apologies: Phillip Haynes, Partner, Brookside; Andy Button, Practice Manager, Swallowfield Surgery; Maria Harris, Phlebotomist, Chapel Row Surgery; Mac Pugh, Practice Manager, Theale Medical Centre; Carole Jenner, Practice Nurse, Chapel Row/ Newbury PBC.	
Notes	**Action**
The notes from the last meeting were agreed with one change that CCU should read CCG.	
Pricing on ICE This is awaiting agreement on banded prices with the commissioning groups.	CCGs/ RBFT
User Survey Results They generally showed that users consider we provide a good service. A number of points were raised and investigated. 1. Turn around times - we are actively bringing more tests in-house to reduce these. We reviewed these and.are normally meeting our stated/ agreed figures. With microbiology, there is a required time to allow organism growth although the introduction of modern techniques (the MaldiTof and PCR for example) has improved this in some areas. 2. Results going to the wrong doctor/ surgery – it is accepted that this can occur, especially with hand produced requests (such as those form midwives, district nurses). Also with clinicians who ask for copies to a named surname (not specific enough with the number of clinicians with the same surname) or general location (where several surgeries exist). Note that with Dawn rheumatology, the Laboratory system automatically sends a copy to the Dawn clinicians so this does not need to be requested. 3. With warfarin patients, the blue letter is the important document. 4. The Royal Berks intends to stay with its walk-in phlebotomy service which is considered to be the best option. Newbury have introduced a booking in system. Booking can be done on-line. This service is managed by Berkshire Healthcare Trust.	
Microbiology accreditation At the last meeting it was noted that the ISO15189/ CPA inspection had highlighted a number of points which needed up to 3 months to resolve when the maximum allowed	

time is 2 months. Their accreditation was therefore suspended whilst we tackled the points raised. All these were addressed within the three months and submitted. UKAS have accepted that these actions are acceptable but new rules state they must revisit. We have been waiting since October 2014 for a revisit and still await a date. We can assure our users that we are providing a quality service and have cleared all actions.	
Monovettes with Boric Acid for urine These have now been introduced to improve the quality of the microbiology tests performed. Please note that a minimum of 10mL required in the tubes to ensure the preservative does not mask the actual test results. If 10mL is not possible to obtain we recommend the use of the plain yellow monovettes or white topped universals. Please continue to use yellow monovettes for Biochemistry requests.	
NICE guidelines for ACR in CKD Discussed and a system had been agreed several years ago with the renal unit where PCR was used for monitoring. The guidance recommends that ACR is used instead of PCR however this has cost implications as ACR is a more expensive test. However if surgeries wish to use ACR instead of PCR then this is possible. Surgeries are reminded that if patients are known to have proteinuria then monitor with PCR. Note that, to comply with NICE guidance (clinical guidance 182 Chronic Kidney Disease (http://www.nice.org.uk/guidance/cg182), we changed to reporting estimated glomerular filtration rate (eGFR) values between 60 - 90 ml/min/1.73 m^2 rather than previously reported as >60. We are continuing to use the MDRD formula to calculate eGFR.	
Clinical Governance No trends or major changes in unlabelled/ mislabelled samples from surgeries. Figures showed 5 inadequate labelling errors, 68 wrong patient label on sample, 61 and 19 unlabelled over the past 3 months (~100 000 samples) Any clinical governance issues that arise, please pass to Dave Asplin, Quality Manager to resolve. No other clinical governance issues were raised.	
Quality & Service issues The pathology handbook was discussed. Plans are to make this available on the internet so all our users can access. Please note that www.labtestsonline.co.uk is a good source of information on tests, what, why and how. We have puts links on the handbook and the ICE system. We have had patients phoning in for their test results. Some have said their clinicians have asked them to do so. Please ensure this message is not given as we are unable to give results direct to a patient. INR testing was discussed. In order for us to provide best patient care, we need the samples as early as possible. Please encourage patients to have early appointments	Clinicians

and get on the early transport if possible. Constraints with late arrival to the lab include missing the last post to get out the letter to the patient.	All
Topic of the Day Pathology reconfiguration – An update was given on the ongoing work concerning a Berkshire/ Surrey pathology service. The preferred option being put to the boards for consideration is a multi-hub model. If approved, the detail on making this work to ensure as good as or better service to our users will continue. Each hospital would retain a pathology service to ensure any urgent work is able to be performed and routine tests would be sent to developed "centres of excellence" at the hospitals within the group.	
Any other business 1. A discussion on leaking monovettes was held with a patient complaint being covered. Generally leaks are due to the caps not being put on the monovettes fully. Please emphasize to patients the need to ensure the caps are fully on. We are looking at moving from styrene to polyethylene containers (universals) as they are less brittle and meet transport guidelines. 2. Introduction of electronic requesting within the hospital is being introduced so request forms will be electronic. 3. Please note that you can (and it is better to) edit requests on ICE rather than generate a new request. This can be done until it is received into the system by us. 4. NICE guidelines on ante-natal gestational diabetes state that GTT is the appropriate test. Ian Gallen is leading a project to introduce this as a replacement for pregnancy glucose. Please could you let us know which surgeries can do GTT testing? Please note that there is now a ready to use single dose GGT solution available (Rapilose OGTT solution). 5. Serum urate on patients on allopurinol report with the same reference range as those not on treatment. Can we review please? MS to discuss with the clinical team as this would need a new test code 6. We are aiming to spilt HbA1c in to separate tests for monitoring and diagnostics with appropriate reference ranges but this is being held up by the banded prices discussions with the CCGs. 7. It was raised that, in some cases, patients are getting their Colposcopy letter before the cervical screening test results. This is managed by the screening programme regionally/ nationally.	Clinicians All MS RBFT
Date of next meeting TBA. DA to send out possible dates for the next meeting and go with the majority vote.	DA

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